

Chapter V

Health Care System

V. Health Care System

Mississippians receive health care from a variety of sources that provide a continuum of care. While hospital inpatient care is a vital part of this continuum, more and more patients receive care in a clinic, health care provider's office, home or community based setting, and ambulatory care facilities.

Increasing numbers of providers have formed networks and other partnerships to offer patients a reduced cost for services. Others are joining health care systems to facilitate referrals for related services or referrals to larger facilities for specialized services.

The following sections summarize the different types of health facilities and health services available in Mississippi.

Hospitals

Mississippi had 96 non-federal acute (short term) care hospitals in April 2004, with a total of 11,501 licensed medical-surgical beds. Local government controls 42 of these hospitals; non-profit organizations operate 26 hospitals; for-profit corporations operate 26 hospitals, and the State of Mississippi owns two – the University Medical Center, a teaching hospital associated with the University of Mississippi Schools of Medicine, Dentistry, Nursing, and Health Related Professions, and one small rural hospital located in the Mississippi Delta. The count excludes Whitfield Medical-Surgical Hospital, a 43-bed facility providing acute care to psychiatric patients at the Mississippi State Hospital at Whitfield, and the Medical-Dental Facility at Parchman, a 56-bed facility providing acute and psychiatric care to inmates at the Mississippi State Penitentiary.

In addition, and also excluded in the above count, the state has six licensed long-term acute care hospitals: Select Specialty Hospital of Biloxi, Biloxi (42 beds); Select Specialty Hospital of Gulfport, Gulfport (38 beds); Mississippi Hospital for Restorative Care, Jackson (25 beds); Specialty Hospital of Meridian, Meridian (49 beds); Select Specialty Hospital of Jackson (40 beds); and Regency Hospital of Meridian, Meridian (40 beds). Three additional facilities have received Certificate of Need authority to provide long-term acute care services: Regency Hospital of Hattiesburg (33 Beds); Vicksburg Specialty Medical Center, Vicksburg (35 beds); and Tri-Lakes Medical Center, Batesville (35 beds). These hospitals provide care to patients who need less than three hours of rehabilitation services per day but who have an average length of stay greater than 25 days.

Sixteen of the 96 hospitals have been designated as Critical Access Hospitals (CAH); these hospitals provide outpatient, emergency, and limited inpatient services and receive cost-based reimbursement for services provided to Medicare patients. CAHs may operate a maximum of 25 beds and keep inpatients an average of 96 hours. A CAH can participate in a swing bed program but may not exceed the 25 bed limit. Federal regulations require that CAHs must be rural; must make emergency care available 24 hours a day; and must be a member of a referral network and have an agreement with at least one other hospital for patient transfer, communication systems, transportation, credentialing, and quality assurance.

In addition to the state's non-federal hospitals, the federal government operates two Veterans' Administration Hospitals, one in Jackson and one in Biloxi. The United States Air Force operates medical facilities at Columbus and Biloxi to serve active duty and retired military personnel and their dependents. The Indian Health Service funds the operation of the Choctaw Health Center, an 18-bed acute care hospital in Philadelphia which is operated by and provides health care services to the Mississippi Band of Choctaw Indians.

Amite, Benton, Carroll, Greene, Issaquena, Itawamba, Kemper, Smith, and Tunica counties in Mississippi do not have a hospital. However, these nine counties appear to receive sufficient

inpatient services from hospitals in adjoining counties. Chapter XI details the state's acute care services.

Ambulatory Care

Ambulatory care is available through private offices of physicians and through MSDH clinics, 22 community health center facilities with 107 satellite clinics, 130 rural health clinics, and 72 hospital outpatient clinics. In addition, Mississippi has 21 licensed freestanding multi-specialty ambulatory surgery centers.

Mississippi had 5,765 active licensed physicians (5,457 medical doctors, 246 osteopaths, and 62 podiatrists); 1,188 active licensed dentists; 31,659 registered nurses; and 12,937 licensed practical nurses for 2004. Approximately 27,133 of the RNs and 10,103 of the LPNs were employed full-time in nursing careers. There were 1,415 RNs certified for expanded role nursing as nurse practitioners in 2004. Chapter VI of this *Plan* provides more detailed information on health care personnel in Mississippi.

The MSDH operates at least one county health department in every county, with Sharkey and Issaquena counties sharing a health department, for a total of 101 clinics throughout the state. Department staff include public health nurses, nurse practitioners, physicians, disease investigators, environmentalists, medical records clerks, social workers, and nutritionists. The county health departments provide immunizations, family planning, WIC (Special Supplemental Food Program for Women, Infants, and Children), tuberculosis treatment and prevention services, sexually-transmitted disease (including HIV/AIDS) services, and other communicable disease follow-up. Additional services, such as child health and maternity services, are available based on the county's need. The number and type of staff may vary according to the need and resources in each particular county; however, every county provides all general public health services.

Community health centers (CHCs) are federally-subsidized, non-profit corporations that deliver primary and preventive health care and social services to more than 285,796 Mississippians each year. CHCs must serve populations identified by the U.S. Department of Health and Human Services as medically underserved. This status indicates that the geographic area has limited medical resources; other factors include poverty and lack of health insurance. CHCs offer a range of services, including medical, dental, radiology, pharmacy, nutrition, health education, and transportation. Mississippi has 22 CHCs, with 107 satellite clinics. Nineteen centers operate in rural areas, and three are located in urban areas. Three centers operate mobile units.

Rural health clinics (RHCs) also provide care in areas designated by the U.S. Department of Health and Human Services as medically underserved. These clinics use physician's assistants and nurse practitioners under the general direction of a physician, who is located within 15 miles of the clinic, to provide outpatient primary care to patients in rural areas. RHCs receive cost-based reimbursement from Medicare and Medicaid. A total of 126 certified RHCs operated in Mississippi as of April 2004.

Seventy-two of Mississippi's hospitals provided outpatient services during FY 2003, with 2,320,812 out-patient clinic visits. The state's 21 freestanding ambulatory surgery facilities provided a total of 80,077 surgeries, in addition to the 142,285 ambulatory surgeries performed in hospitals during the year.

Chapter XIII provides more detail on all of the ambulatory care facilities. In addition to these facilities, a number of non-profit voluntary health organizations provide educational and informational services, screening services, referral services, counseling, limited diagnosis, and treatment services. Examples include the Muscular Dystrophy Association, American Heart Association, American Red Cross, Mississippi Lung Association, American Diabetes Association, American Cancer Society, and

Catholic Charities. These organizations and others serve as a general support system for persons with specific health problems.

Long-Term Care

Mississippi has 1,192 public or proprietary skilled nursing homes, with a total of 17,263 licensed beds, and 19 facilities that have received CON approval for new construction. CONs for expansion of existing and construction of new facilities total 950 additional skilled nursing beds authorized but not yet licensed as of March 1, 2004. This count excludes one nursing home operated by the Mississippi Band of Choctaw Indians, with 120 beds; two nursing homes operated by the Department of Mental Health, with a total of 707 licensed beds; and four nursing homes operated by the Mississippi State Veteran's Affairs Board, with a total of 600 beds. The state has 13 intermediate care facilities for the mentally retarded - five proprietary and eight state owned and operated - with a total of 2,639 beds (as of March 1, 2004). Ellisville State School includes four separately-licensed facilities. The state also has five psychiatric residential treatment facilities for emotionally disturbed children and adolescents, with a total of 208 licensed beds.

In addition, 14 Mississippi hospitals provide limited nursing home care in "distinct part skilled nursing facilities." These units are located in a physically identifiable distinct part of the hospital and are certified for participation in the Medicare program as skilled nursing facilities, but cannot participate in the Medicaid program. As of April 2004, a total of 677 beds were approved under this program; 222 were in operation.

Another 52 hospitals offer care in "swing beds", which are beds approved to alternate as needed between acute care and long-term care in hospitals of fewer than 100 beds. These hospitals provided care equivalent to 179 nursing home beds in FY 2003.

Individuals who need some custodial care or assistance with the activities of daily living, but do not require skilled nursing services, may choose to live in a licensed personal care home. Mississippi has 203 such homes, with a total of 5,013 licensed beds.

Numerous retirement communities or assisted living facilities provide independent living areas for individuals who need a sheltered environment, including nutritional and social support, but who do not require institutional health care. The state's ten Area Agencies on Aging coordinate home and community-based services such as adult day care, respite care, congregate or home-delivered meals, and chore/homemaker services. Chapter VIII provides more detailed information on long-term care.

Hospice Services

The appropriate care of terminally ill individuals has become a major concern of society. This concern led to the philosophy that terminally ill patients should be allowed to spend their final days at home or in a home-like environment if they so desire, yet still receive appropriate medical care. As a result of this thinking, the federal government enacted legislation allowing Medicare to pay for hospice care.

By definition, a hospice is not a facility but a program. A hospice provides palliative care to terminally ill patients and counseling to the patient's family. Palliative care controls pain and the symptoms of the dying process and is not intended to be curative in nature. It is supportive care provided to meet the special needs arising from the physical, emotional, spiritual, social, and economic stresses that are experienced during the final stages of illness, dying, and bereavement. This care is

available 24 hours per day, seven days a week, and is provided on the basis of need regardless of ability to pay. The care is designed and provided by an interdisciplinary team.

For the purposes of this *Plan*, a hospice or hospice program is defined as an autonomous, centrally administered, medically directed, nurse-coordinated program providing a continuum of home, outpatient, and inpatient care for not less than four terminally ill patients and their families.

Mississippi currently has 60 Medicare-certified hospices in operation in the state.

Rehabilitation

The Mississippi Department of Rehabilitation Services (MDRS) provides a variety of services to persons with disabilities and their families. The MDRS helps individuals who have a physical or mental impairment that substantially hinders employment and who have the potential of getting and keeping a job as a result of vocational rehabilitation. Services include medical assistance, physical and occupational therapy, counseling, educational assistance, job training, and placement. The MDRS also offers programs to help individuals with disabilities gain independent living skills and cooperates with a number of other agencies to provide specialized services.

The Mississippi Schools for the Deaf and the Blind provide residential and day programs for hearing or visually impaired children and youth through 21 years of age. The schools offer elementary and secondary education curricula that meet State Department of Education standards, as well as specialized courses to meet the particular needs of hearing or visually impaired students.

Blair E. Batson Children's Hospital at the University of Mississippi Medical Center offers both inpatient and outpatient habilitation and rehabilitation services for physically and developmentally disabled children and youth through 20 years of age. Since January 2002, the facility has also served adults. The State Department of Education has accredited Children's Hospital to provide elementary and secondary curricula, as needed, allowing the children's program to provide optimum development for each child.

Forty-nine certified rehabilitation agencies in Mississippi offer various services on an outpatient basis, such as physical therapy, speech therapy, and social services. Other facilities offer comprehensive medical rehabilitation (CMR) services, defined as intensive care providing a coordinated multidisciplinary approach to patients with severe physical disabilities that require an organized program of integrated services. Level I facilities offer a full range of CMR services to treat disabilities such as spinal cord injury, brain injury, stroke, congenital deformity, amputations, major multiple trauma, polyarthritis, fractures of the femur, and neurological disorders, including multiple sclerosis, cerebral palsy, muscular dystrophy, Parkinson's Disease, and others. Level II facilities offer CMR services to treat disabilities other than spinal cord injury, congenital deformity, major multiple trauma, brain injury, and neurological disorders.

Seven hospital-based units offer Level I CMR services and eight hospital-based units offer, or have been approved to offer, Level II limited CMR services. Mississippi's Level I CMR units are located at Delta Regional Medical Center in Greenville, North Mississippi Medical Center in Tupelo, Baptist Memorial Hospital-DeSoto in Southaven, Mississippi Methodist Rehabilitation Center in Jackson, University of Mississippi Medical Center in Jackson, Forrest General Hospital in Hattiesburg, and Memorial Hospital at Gulfport. Level II CMR units are located at Baptist Memorial Hospital-North Mississippi in Oxford, Magnolia Regional Medical Center in Corinth, Northwest Mississippi Medical Center in Clarksdale, Greenwood Leflore Hospital at Greenwood, River Region Health Systems in Vicksburg, Riley Memorial Hospital in Meridian, Natchez Regional Medical Center in Natchez, and Southwest Mississippi Medical Center in McComb.

The Children's Medical Program of the MSDH provides medical care and rehabilitative services to children with physical disabilities whose families cannot afford the cost of properly caring for their children. The program provides services in field clinics throughout the state and makes referrals for services the program does not offer.

The MSDH provides leadership for First Steps, Mississippi's interagency early intervention system for infants and toddlers with developmental delays. Mississippi has fully implemented this system statewide as an entitlement for children with disabilities and their families.

Chapter XII, *Habilitation and Rehabilitation Services*, provides more detailed information on all of these agencies and programs.

Other Services

Numerous other organizations provide a variety of health care services in Mississippi. Individuals may receive health care services in the home through 13 regional home health agencies of the Mississippi State Department of Health, serving 74 counties; 51 other Mississippi home health agencies; and one Memphis agency that is licensed to serve patients in selected Mississippi counties. A total of 59,768 (non-duplicate count) Mississippians received home health services during FY 2002, down from 68,690 patients served in 2001 (most recent information available).

Mississippi has 72 licensed or CON-approved end stage renal disease facilities with a total of 1,521 renal dialysis machines that provide maintenance kidney dialysis services. Chapter XIII provides additional information on both ESRD and home health services.

A health maintenance organization (HMO) is an organization that provides or arranges for the delivery of basic health care services to enrollees on a prepaid or other financial basis, using an organized system that combines the delivery and financing of health care. HMOs may be public or private entities, and they may be non-profit or propriety.

The delivery of health care services through HMOs has existed in some parts of the United States since the 1930s. These organizations have proliferated throughout the country in recent years. Beginning in 1995, an explosion of interest was demonstrated in the Mississippi HMO market. By December 1998, 15 HMOs were operating in the state. During 1999, however, the market experienced significant fallout. As of December 30, 2003, seven HMOs were licensed in Mississippi, although all may not be active.

Public Health

Mississippi's public health system includes a 13-member Board of Health, the State Health Officer, central administrative offices in Jackson, nine district offices, 13 licensed home health regions, and 81 county health departments. The Mississippi State Department of Health (MSDH) promotes and protects the health of the citizens of Mississippi through health promotion, disease prevention, and the control of communicable diseases. Communicable disease services include epidemiology, screening, surveillance, diagnosis, and treatment in areas such as tuberculosis, sexually transmitted diseases, and HIV/AIDs. Programs attempt to control disease transmission through effective intervention, treatment, and immunization where possible. In addition, the immunization program strives to eliminate morbidity and mortality from vaccine-preventable diseases.

The MSDH maintains programs to reduce the risk of particular health problems and to control or prevent such noncommunicable diseases as diabetes, cancer, hypertension, and cardiovascular disease. Other components of public health include services to:

- provide supplemental food and nutrition education to low-income pregnant, breastfeeding, and postpartum women and to infants and children up to five years of age (accomplished through the WIC program), serving as an adjunct to good health care during critical times of growth and development and reducing health problems associated with poor nutrition during pregnancy, infancy, and early childhood;
- improve family planning through contraceptive services and counseling;
- improve maternal health through prenatal and postpartum care for maternity patients and access to enhanced delivery services for high risk pregnant women;
- contribute to the health of children and youth through the Early Periodic Screening, Diagnosis, and Treatment program; the First Steps Early Intervention System for Infants and Toddlers; the Children's Medical Program; school nurse services; and other services for infants, children, and adolescents;
- control or prevent problems that can endanger public health through protection of consumers against preventable hazards in food, milk, and water; maintenance and enforcement of regulatory standards regarding proper wastewater disposal; radiological safeguards; and consultation on public health pest management;
- support the detection, analysis, and treatment of public health problems;
- enhance the state's emergency medical services through development of a statewide trauma plan and licensing of ambulance services and emergency medical technicians;
- enforce established standards in the delivery of health care through inspection and licensure of hospitals, nursing homes, and other health care facilities;
- maintain public records such as births, deaths, utilization of health care services, and other statistical information regarding the health of Mississippians for the purpose of tracking public health trends and needs;
- support the planning and development of policies and standards for public health services; and
- Develop emergency preparedness plans, including enhanced infectious disease surveillance/investigation and improved technological connectivity between physicians, hospitals, and the public health system.

Emergency Medical Services

Emergency Medical Services (EMS) are health care services delivered under emergency conditions that occur as a result of the patient's condition, natural disasters, or other situations. Emergency Medical Services are provided by public, private, or non-profit entities with the authority and the resources to effectively administer the services.

The MSDH Bureau of Emergency Medical Services licenses all ambulance services in Mississippi; inspects and permits ambulances; tests and certifies emergency medical technicians on the basic, intermediate, and paramedic level; tests and certifies EMS drivers; tests medical first responders;

authorizes advanced life support and all other training programs; manages a statewide records program (Mississippi Emergency Medical Services Information System); and administers the EMS Operating Fund.

The Division of Trauma System Development and Injury Control coordinates development of the Mississippi Trauma Care System and synchronizes efforts between the staff and contracted trauma consultants for trauma inspections, programmatic audits, performance improvement for statewide trauma issues, and overall system design and participation with hospitals in Mississippi and bordering states. The Division also manages the Emergency Medical Services for Children (EMSC) Program, including management of the federal grant funds, implementation of Mississippi EMSC projects, EMSC curriculum, and an annual report identifying accomplishments.

Mississippi has six EMS districts; within each district, a county has the option to participate with an EMS authority. Approximately 50 percent of the state's 82 counties presently participate in regional EMS programs. Counties not participating are left to provide services on an individual basis.

The six EMS districts and participating counties are as follows:

- North Mississippi EMS Authority (eight participating counties): Calhoun, Chickasaw, Itawamba, Lafayette, Lee, Pontotoc, Tishomingo, and Union;
- Central Mississippi EMS District (17 participating counties): Attala, Choctaw, Claiborne, Clarke, Copiah, Holmes, Kemper, Lauderdale, Leake, Neshoba, Newton, Noxubee, Rankin, Scott, Warren, Winston, and Yazoo;
- Southeast Mississippi Air Ambulance District (nine participating counties): Covington, Forrest, Greene, Jefferson Davis, Lamar, Marion, Pearl River, Perry, and Walthall. This district is the oldest continuing publicly supported air ambulance system in the United States.
- Harrison, Hancock and Jackson counties have each formed EMS districts focusing on EMS training.

Mississippi has three helicopter air ambulance services based within the state. The air ambulance helicopters are located at Forrest General Hospital in Hattiesburg, North Mississippi Medical Center in Tupelo, and University Medical Center in Jackson. In addition, six out-of-state air ambulance services are licensed to serve Mississippi: Hospital Wing Air Ambulance Service of Memphis, Tennessee; Ochner's Flight Care of New Orleans, Louisiana; Acadian Air Med Services of Louisiana; and Air Evac and Critical Care Transport both of Birmingham, Alabama. Acadian and Critical Care Transport also provide fixed-wing air ambulance services.

Mississippi has 131 licensed ambulance providers, including seven out-of-state providers: two in Alabama, two in Louisiana, and three in Tennessee. The Bureau of Emergency Medical Services reported 527 permitted vehicles in 2003: 512 ground units, 3 fixed wing, and 12 rotary wing units.

Mental Health

The Mississippi Department of Mental Health (MDMH) administers four state psychiatric hospitals, five residential centers for persons with mental retardation, community mental health and mental retardation services for children and adults, and a variety of alcohol and drug prevention and treatment programs. The MDMH also develops day-programs and caregiver training for individuals with Alzheimer's disease/other dementia and serves as the Designated State Agency (DSA) for the Mississippi Council on Developmental Disabilities. Through contracts and affiliations with the state's community mental health/mental retardation centers and other public and private agencies, the

MDMH strives to ensure a continuum of community prevention, treatment, training, and support services. The MDMH offers a range of services to persons with mental retardation and developmental disabilities through a variety of programs, including preschool programs, alternative living arrangements, work activity centers, and long-term residential care. In addition to the MDMH, 15 regional community mental health/mental retardation centers and their satellite facilities, as well as other nonprofit programs, provide a network of services throughout the state.

Mississippi has 13 hospital-affiliated and three freestanding facilities providing psychiatric care, with a total of 546 psychiatric beds for adults and 180 beds for children/adolescents. The state has 15 facilities offering chemical dependency services, with 322 beds for adults and 52 beds for children/adolescents. In addition, the state has five freestanding psychiatric residential treatment facilities, with a total of 208 beds, offering long-term care to emotionally disturbed children and adolescents who need restorative residential treatment services. Chapter IX provides additional detail regarding mental health services.

Third Party Reimbursement

Medicare, a federally-administered program, provides payments for hospital, physician, and other medical services for most persons 65 years of age and older and disabled persons entitled to Social Security cash benefits for 24 months. Medicare consists of two parts: compulsory hospitalization insurance (Part A) and voluntary supplemental medical insurance (Part B), which covers physician services and some medical services and supplies not covered by Part A.

Medicaid, another third party reimbursement program, provides health care services for eligible persons. The Mississippi Division of Medicaid, Office of the Governor, administers state appropriated funds and federal matching funds within the provisions of Title XIX of the Social Security Act, as amended, to provide medical assistance for needy Mississippians. Medicaid includes 12 mandatory services and 22 optional services. The mandatory services are inpatient hospital; outpatient hospital; laboratory and x-ray; nursing facility services; physician services; early and periodic screening, diagnosis, and treatment (EPSDT) for patients aged 20 and under; family planning; rural health clinic services; Federally Qualified Health Center and Certified Nurse Practitioner services; pediatric and family services; non-emergency transportation; and nurse-midwifery services.

Optional services are outpatient prescription drugs, dental services, intermediate care facility services for the mentally retarded, eyeglasses, pediatric skilled nursing services, clinical services (ambulatory surgery centers, birthing centers), psychiatric residential treatment facilities, perinatal high risk management, population health management services, emergency ambulance, chiropractic services, home health, Christian Science Sanatoria services, hospice, State Department of Health clinics, podiatrists, disease management, targeted case management services for children with special needs, durable medical equipment, mental health services (comprehensive regional mental health/retardation centers), inpatient psychiatric services for persons under age 21, and physician assistants.

The U.S. Department of Defense operates the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), a part of the Tri-Care Program, which provides health insurance for covered medical care provided in civilian facilities to wives and children of active military personnel, retired military personnel and their dependents, and dependents of deceased personnel (unless eligible for Part A of Medicare). The program reimburses those unable to use government medical facilities because of distance, overcrowded facilities, or the absence of appropriate treatment at a military medical center.

The State Children's Health Insurance Program (CHIP), created by Congress in 1998 to provide health insurance coverage to low-income children not eligible for Medicaid, was implemented in two phases in Mississippi. Phase I provided Medicaid benefits to non-Medicaid children up to 100 percent of the Federal Poverty Level (FPL) who were born before September 30, 1983. Phase I expired

October 1, 2002. Phase II is a separate health insurance program that covers non-Medicaid children up to 200 percent of the FPL. Currently, CHIP targets all children in the state under age 19 who are below 200 percent of the Federal Poverty Level, not eligible for Medicaid coverage, and have no other health coverage. The Division of Medicaid received a five-year, \$900,000 Robert Wood Johnson *Covering Kids and Families* grant to enhance outreach, enrollment, and retention efforts for CHIP. As of April 2004, 63,671 children were enrolled.

Benefits under Phase II CHIP include all benefits under the high option of the State and School Employees Health Insurance Plan, as well as vision and hearing screening, eyeglasses, hearing aids, and dental care. There are no exclusions for pre-existing conditions. There are no premiums charged to eligible families and no cost sharing requirements (deductibles, co-payments) for preventive services, dental services, routine eye examinations, eyeglasses, or hearing aids. There are no cost sharing requirements for families below 150% of the FPL. Families with incomes above 150% of the FPL are responsible for minimal co-payments (\$5 for office visits and \$15 for emergency room visits).

Environmental Protection

The Mississippi Department of Environmental Quality (MDEQ) develops comprehensive programs for the prevention, control, and abatement of air and water pollution in the state and is responsible for conserving, protecting, and improving the air and water quality. The MDEQ also makes interest-free loans available to eligible local governments to partially fund the cost of necessary wastewater treatment projects.

The MSDH's Bureau of Environmental Health protects the health and safety of the state's citizens through programs in food sanitation, milk sanitation, general sanitation, public water supply, boiler and pressure vessel safety, and radiological health. Chapter VII provides more information on MSDH programs.

Related Areas

Many other related programs complement the health care services mentioned in this chapter. The following are some of the primary sources of health-related services in Mississippi:

- United States Department of Agriculture (USDA) - inspection and grading of meat and poultry;
- Mississippi Department of Human Services - food stamp program, child welfare and protection, eligibility determination for Medicaid, and coordination and funding of programs for the elderly;
- Mississippi State Department of Education - school lunch program, pupil transportation, health related services, and health and physical education;
- Mississippi Department of Economic and Community Development - community health education and planning.

Allocation of Public Funds

Table V-1 presents the allocation of public funds for health and health-related services during Fiscal Year 2003. Where available, the table provides actual expenditures by the various agencies. The expenditures shown include some duplication, in that third party programs have reimbursed for services provided through institutions and organizations included in the table.

Table V-1
Mississippi's State Supported Health Care System
FY 2003

Category	Federal Funds	State General Funds	Other Funds	Total
<u>Hospitals</u>				
University Medical Center-Consolidated	\$ *	\$ 125,038,150	\$ 521,602,675	\$ 646,640,825
<u>Public Health</u>				
State Department of Health	\$ 116,580,874	\$ 29,137,495	\$ 70,767,921	\$ 216,486,290
<u>Social Welfare</u>				
Division of Medicaid	\$2,423,992,051	\$ 236,953,687	\$ 499,278,165	\$3,160,224,403
<u>Mental Health</u>				
Department of Mental Health-Consolidated	\$ 33,248,700	\$ 189,594,940	\$ 259,618,330	\$ 482,461,970
<u>Rehabilitation</u>				
Vocational Rehabilitation	\$ 28,104,350	\$ 5,778,560	\$ 5,217,688	\$ 39,100,598
Disability Determination	\$ 21,775,008	-0-	346,168	22,121,176
Vocational Rehab for the Blind	6,282,574	1,235,096	675,293	8,192,963
Spinal Cord and Head Injury Program	-0-	-0-	1,203,283	1,203,283
Subtotal				\$ 74,941,767
<u>Public Education-Rehabilitative</u>				
School for the Blind and Deaf	\$ 622,391	\$ 10,321,505	-0-	\$ 10,943,896
<u>Environmental Protection</u>				
Department of Environmental Quality	\$ 21,817,620	\$ 13,265,220	\$ 51,890,474	\$ 86,973,314

* Federal funds not reported separately; these funds are included in Other Funds.

Source: *State of Mississippi Proposed Budget for Fiscal Year July 1, 2004 to June 30, 2005* —
Actual expenditures for FY 2003